



# Southampton City Council

## Safeguarding Adults Practice Guidance

### September 2018

<b>Safeguarding Adults Practice Guidance</b>			
<b>Version</b>	2.0	<b>Approved by:</b>	??
<b>Date</b>	17 September 2018	<b>Approval date</b>	??
<b>Lead officer</b>	Collette Puntis	<b>Review date</b>	1 Dec 2019
<b>Authors:</b>	Lee Fermandel	<b>Effective date</b>	1 Nov 2018

## **CONTENTS**

- 1) Safeguarding Policy Framework p.4
- 2) Defining Abuse and Neglect p.6
- 3) Practice Standards p.9
- 4) Principles and Values p.12
- 5) Thinking and Actions p.14

## Safeguarding Policy Framework

The Hampshire-wide Multi-Agency safeguarding Adults Policy and Procedure for Southampton represents the commitment of all organisations in Southampton, Hampshire, Portsmouth and the Isle of Wight to work together to safeguard adults at risk of abuse or neglect.

This is internal practice guidance for all Southampton City Council staff and sits directly beneath the Multi-Agency Safeguarding Adults Policy and Procedure.

The practice guidance is applicable for adults who have care and support needs and at risk of abuse or neglect including self-neglect where the risk of harm is significant or serious. The adult at risk may also be an unpaid carer, who should receive the same treatment and support as any other adult at risk.

This guidance is governed by a set of key principles and practice standards consistent with the Care Act 2014 and Care and Support Guidance (DH 2016), so as to ensure that people who are subject to abuse, neglect or self-neglect experience the process in such a way that it is sensitive to individual circumstances, is person-led and outcome-focused.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves, and being safe for one person may be less important than other aspects of one's wellbeing. Practitioners should work with the adult to establish what being safe means to them and how that can be best achieved. Practitioners and other staff should not be advocating 'safety' measures that do not take account of individual wellbeing, as defined in Section 1 of the Care Act 2014.

It is important also to set out at the beginning that safeguarding is **not** a substitute for:

- providers' responsibilities to provide safe and high quality care and support;
- commissioners and contracts officers regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action;
- the core duties of the police to prevent and detect crime and protect life and property.

The responsibility for the coordination of safeguarding adults' arrangements lies with Southampton City Council, but the implementation of this guidance is a collaborative responsibility and effective work must be based on a multi-agency approach with the individual adult placed firmly at the centre. Safeguarding Adults is a dynamic process that must be undertaken **with** people and not done **to** people. When disagreements occur between professionals about the process or decision taken by a professional/organisation, the local dispute resolution process should be applied, but always with the person at the centre of the process.

Safeguarding means promoting and supporting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent both the risk and experience of abuse or neglect, whilst at the same time, making sure that the adult's general wellbeing is promoted in accordance with Section 1 of the Care Act 2014, including having regard to the views, wishes, feelings and desired outcomes of the adult at the beginning the middle and the end stages of the process.

Practitioners must recognise and be sensitive to the fact that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances, but should be supported to have as much choice and control over the process as is reasonably practicable.

Who does this practice guidance apply to?

**Adult abuse or neglect occurs irrespective of a person's race, ethnicity, class, sexuality, age, and religion, mental or physical ability**

All services will be provided in a manner that respects the rights, dignity, privacy and beliefs of all the individuals concerned and does not discriminate on the basis of race, culture, religion, language, gender, disability, age or sexual orientation.

Southampton City Council's statutory adult safeguarding duties apply to adults at risk or experiencing abuse or neglect, including self-neglect and who have, or appear to have care and support needs regardless of whether those needs are being met and regardless of the extent of such needs. It does not matter what setting the abuse took place except in the case of prisons and approved premises where prison governors and the National Offender Management Service (NOMS) respectively have responsibility.

Where Southampton City Council has reasonable belief that an adult or carer in their area is at risk of abuse or neglect, is subject to a section 42 enquiry, or a discretionary enquiry (e.g. in respect of a family carer) and where the adult does not receive care and support services from the Council, it must carry out an assessment of need in accordance with s9 of the Care Act 2014, and if called for, meet the assessed care and support needs.

### Unpaid Carers

Circumstances in which an unpaid carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

- a carer may witness or speak up about abuse or neglect;
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,

- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

When referring to an adult at risk throughout this guidance, the adult at risk may be an adult in need of care and/or support, or a carer in need of support.

### Young adults in transition

Where someone is 18 or over but is still receiving children's services and a safeguarding concern is raised, the matter should be dealt with by the appropriate adult social care team. For example, this could occur when a young person with care and support needs is supported in a residential educational setting until the age of 25.

Where appropriate, adult safeguarding services must involve children's safeguarding colleagues as well as any relevant partners (e.g. the Police or NHS) or other persons relevant to the adult. However, the level of need in this case is not relevant, and the young adult does not have to have eligible needs for care and support under the Care Act 2014, or be receiving any particular service from Southampton City Council, in order for the safeguarding duties to apply.

## **Defining Abuse and Neglect**

### What is abuse?

Abuse is the violation of an individual's human and civil rights by another person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it. Abuse and neglect can take many forms.

Practitioners must not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances in each individual case.

### Types of abuse (NB not an exclusive list)

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;

**Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence, forced marriage.

**Forced Marriage** - there is a clear distinction between a forced marriage, against a person's consent and an arranged marriage which is consented to. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

In forced marriage, one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress **may be** involved. For example there may be no sign of duress, intimidation or violence but a young woman (who wants to get married and have babies) who has severe learning disabilities is unlikely to be able to consent to either a marriage or sexual relationships. Duress, when present, can include physical, psychological, financial, sexual and emotional pressure. Families who force children or adults to marry often justify their behaviour as protecting their children, building stronger families and preserving cultural or religious traditions. Families may not see anything wrong in their actions.

Forced marriage cannot be justified on religious grounds; every major faith condemns it and freely given consent is a prerequisite of all religions. Often families believe that they are upholding the cultural traditions of their home country, when in fact practices and values there may have changed. Some parents and family members come under significant pressure from their extended families to get their children married. In some instances, an agreement may have been made about marriage when a child is in their infancy. Many young people live their entire childhoods with the expectation that they will marry someone their family select – some may be unaware that they have a fundamental human right to choose their spouse.

**Honour Based Crime** - the term “honour crime” or “honour-based violence” embraces a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where their family or their community is punishing the person. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family.

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Radicalisation – Prevent** - prevent is a key part of the Government's Counter Terrorist Strategy. Its aim is to stop people becoming terrorists or supporting terrorism.

The Counter Terrorism and Security Act 2015 contains a Prevent Duty for statutory agencies. Early intervention to divert people away from being drawn into terrorist activity is at the heart of Prevent. Safeguarding adults from radicalisation is no different from safeguarding them from other forms of harm.

**Channel** – a multi-agency conference system, for early intervention and support for those identified as being radicalised. It draws on existing collaboration between local authorities, statutory partners, the police and the local community.

This multi-agency scheme utilises existing partnership structures to identify at an early stage and support any individual who may be at risk of becoming involved in violent extremism, or have already been recruited by violent extremists. This is regardless of age, faith, ethnicity or background. The term 'violent extremism' refers to all forms of extremism including domestic and international terrorism.

The Channel process can work alongside existing safeguarding processes or be incorporated within them.

The aim is to identify those at risk, and assess the nature and extent of this risk. Appropriate cases will be referred via Prevent to Channel chaired by the local authority, with this panel responsible for the development of an appropriate support package to safeguard the individual at risk.

Referrals to Channel are received from the Police via the Prevent pathway. A Prevent referral form with guidance notes is available for this purpose, and concerned parties should contact the Prevent Lead for their organisation or Police on 101 if they do not have a Prevent Lead.

**Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

**Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

Whether or not self-neglect will be managed within a safeguarding process very much depends on the individual circumstances and extent to which harm may be caused to the individual. In the majority of cases, the Care Needs Assessment/Care Programme Approach, Carer’s Needs Assessment, review and risk assessment processes will be the best route to provide an appropriate intervention in situations of self-neglect. Where the adult at risk is unable to agree to have their needs met because they lack mental capacity to make this decision then the ‘best interest’ process must be used.

This safeguarding adults practice guidance will apply where the adult at risk has been identified as having been subject to serious self-neglect that could result in significant harm’

**and**

- They have capacity to make relevant decisions but have refused essential services without which their health and safety needs cannot be met;

**and**

- The Social Care Process/Care Programme Approach has not been able to mitigate the risk of ‘serious self-neglect that could result in significant harm’.

The use of the safeguarding process will not affect the individual’s human rights but it will ensure that partner agencies exercise their duty of care in a robust manner and as far as is reasonable.

## Practice Standards

The following Key Themes run throughout the Safeguarding Adults process:

1. *Personal outcomes*: at the beginning and at every stage of the process what the individual wants to achieve must be identified and revisited. To what extent these wants/wishes and desired outcomes have been met must be reviewed at the end of the safeguarding process using the audit tool regardless of at what stage it is concluded.
2. *Risk assessment and management*: this is central to the safeguarding adults’ process. Assessment of risk using the Risk Assessment and Risk Management tool should be carried out with the individual at each stage of the process so that adjustments can be made in response to changes in the levels and nature of risk. Risk to others must also be considered.
3. *Mental capacity*: the Mental Capacity Act 2005 driving principle is an assumption that an adult (aged 16 or over) has full legal capacity to make

decisions unless it can be shown that they lack capacity to make a decision at the time the decision needs to be made.

Individuals must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process. Unwise decisions do not necessarily indicate lack of capacity. Any decision made, or action taken, on behalf of someone who lacks the mental capacity to make the decision or act for themselves must be made in their best interests. It is important that an individual's mental capacity is considered at each stage of the safeguarding adult process. Where an adult lacks capacity to make a decision, and do not have a suitable person representing them, an Independent Advocate must be appointed as soon as practicably possible, in most cases that would be at the start of the safeguarding enquiry. Best Practice should ensure that all adults, with or without capacity, should be given an opportunity to choose to be accompanied / supported by a friend, partner, carer or advocate throughout the safeguarding process.

4. *Safeguarding planning*: in response to identified risks a person centred safeguarding plan should be developed and implemented at an appropriate time during the safeguarding adult process.

The personalised safeguarding plan aims to:

- contain, reduce or ameliorate the risk of further harm;
- keep the risk of abuse or neglect at a level that is acceptable to the person at risk of abused or neglected and the agencies supporting them;
- support the individual to continue in the risky situation if that is their choice and they have the capacity to make that decision.

Person centred safeguarding planning should always ensure that the adult has an opportunity for recovery.

5. *Information sharing*: this is key to delivering good and efficient services, coordinated around the needs of the individual. It is essential to support early intervention and preventative work, for safeguarding, for promoting wellbeing and for wider public protection. Information sharing is a vital element in improving outcomes for all. The Adult Social Care Connect (ASCC) provides effective information sharing within the council and wider agencies.

Professionals in ASCC understand the importance for people wanting confidence that their personal information is kept safe and secure and that practitioners preserve their right to privacy, while sharing appropriate information to deliver better services. All information shared within ASCC and other organisations such as Southern Health Foundation Trust is on a need to know basis and only used to provide the most appropriate level of response by the most appropriate person and/or agency.

6. *Recording*: good record-keeping is an essential part of the accountability of organisations to those who use services. Maintaining proper, accurate records is vital to ensuring individuals' care and safety needs are met. If records are inaccurate or non-factual/untrue, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made, all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made, by whom and reasons why.
7. *Feedback*: at each stage of the safeguarding enquiry, it is important to ensure feedback is given to the adult at risk, the person who raised the concern and relevant professionals/partner organisations. Referrers are entitled to be given appropriate information regarding the status of the safeguarding concern they have raised. The extent of this feedback will depend on various things (e.g. the relationship they have with the adult subject to concern, confidentiality issues and the risk of compromising an enquiry). At the very least it should be possible to advise the referrer whether their concern has led to a safeguarding enquiry. Practitioners in provider organisations require feedback to allow them to continue to provide appropriate support and make staffing decisions.
8. *Closing*: the safeguarding adult process may be closed at any stage if it is agreed that an ongoing enquiry is not needed or if the enquiry has been completed and a personalised safeguarding plan agreed and put in place, or the safeguarding plan is no longer required. It may also be terminated at the request of the adult so long as there is no risk to other adults and/or there is no legal imperative, court order that prevents the local authority from discharging its S.42 duty (CA14).

**The end of the process must include an opportunity for the adult or their representative to provide feedback about their experience of the safeguarding enquiry using the safeguarding survey. Feedback will be used to further improve and develop the service and support our ambition to achieving excellent strength based safeguarding practice within the context of a person-led and outcome focused process.**

## Principles and Values

If agencies are to enable people to experience both the opportunities and challenges of living the life they wish to live, positive risk-taking is essential. When determining a course of action, every effort must be made to enable individuals to express their views and wishes in a way that is appropriate. Basic human and civil rights must be respected.

### Principles

The Key Principles which govern this guidance and procedures are set out in Chapter 14 of the Care and Support Guidance (2016) are as follows:

**1) Empowerment – People being supported and encouraged to make their own decisions and informed consent.**

*“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*

**2) Prevention – It is better to take action before harm occurs.**

*“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*

**3) Proportionality – The least intrusive response appropriate to the risk presented.**

*“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”*

**4) Protection – Support and representation for those in greatest need.**

*“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

**5) Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.**

*“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

**6) Accountability – Accountability and transparency in delivering safeguarding.**

*“I understand the role of everyone involved in my life and so do they.”*

## Values

Our values are underpinned by the principles set out above and the Mental Capacity Act 2005 and Human Rights Act 1998 and, for registered social workers in England, the Health and Care Professions Council soon to be replaced by a new regulator, Social Work England.

It should be noted that where an individual has mental capacity they retain the right to make what might be seen as an eccentric or unwise decision. However, that does not mean that this guidance would not be used to support people who have capacity and choose to live with risk, even where that risk is causing or likely to cause them harm. Therefore where people do have capacity to make decisions, but such decisions result in ongoing risk of abuse or neglect, this guidance must be followed proportionately so that any decision not to safeguard is a multiagency one, clearly evidenced and recorded. Where an individual does not have capacity in relation to the decision being asked of them, any action taken on their behalf must be the least restrictive of their basic rights and freedoms and in line with the five key principles of the Mental Capacity Act 2005 as well as the following:

- It is every adult's right to live free from abuse and neglect in accordance with the principles of respect, dignity, autonomy, privacy and equity.
- Where adults at risk are clearly able to make choices, they must be advised of the options available, and their wishes respected, unless there is a statutory responsibility to intervene or there is risk to others.
- Priority should be given to the prevention of abuse and neglect by raising the awareness of adult safeguarding issues and by fostering a culture of good practice through support and care provision, commissioning and contracting of services within a well-defined quality assurance framework.
- Adults who are at risk of abuse or neglect will receive the highest priority for assessment and support services. All agencies will respond to adult safeguarding concerns with prompt, timely and appropriate action in line with the Hampshire-Wide Multi Agency Safeguarding Adults Policy and Procedure.
- This guidance is applicable to all adult client groups whether living in domestic, organisational, social or health care setting or any community setting.
- Southampton City Council expects all its employees and its contracted agents, whether purchasers or providers, to conform to this guidance when safeguarding adults from abuse and neglect.
- Safeguarding adults is a multi-agency responsibility and this guidance promotes all staff working for Southampton City Council to actively work in partnership with other agencies to address abuse and neglect of adults with care and support needs.
- This guidance acknowledges the principles of intervention based on **empowerment** and **participation** of the individual and the overall duty of the

Council to **promote the wellbeing** of all people living or visiting the City (Care Act 14 s.1).

- The need to provide support for unpaid carers will be taken into account when planning services for adults at risk of abuse and neglect following a safeguarding enquiry. At the very least, a carer **must** be offered an assessment of their need for support and if eligible, support services **should** be considered. Where the carer is at risk of harm the safeguarding process will be followed in the same way as with adults at risk.
- Southampton City Council is committed to supporting and promoting safeguarding training, education and information for everyone concerned, to create a climate in which adult abuse and neglect is regarded as unacceptable. The Council's Safeguarding Adults Learning and Development Framework 2018-20 is designed for all staff in adult social care.
- Southampton City Council is committed to involving people who use safeguarding services in developing local policy, guidance, information and advice services and training. The Safeguarding Adults Quality Assurance Framework 2018 is designed to continually improve the quality and standard of safeguarding provision.

## Thinking and Actions

All staff in adult social care will practise with utmost integrity and respect for all people using services. Our thinking directs our actions and staff involved in safeguarding adults practice, at whatever level, should ensure the following basic principles are adhered to.

Please ensure:

1. **Your** practice is inclusive and the individuals and people who are important to them are always at the centre of the process;
2. **You** focus on the desired outcomes, views and wishes of the person subject to safeguarding enquiry and ensure that independent advocacy is available when needed;
3. **You** are confident that your actions and behaviours are in accordance with best practice guidance, statute, policy and procedure;
4. **You** understand the importance of being honest with people who use services even if that honesty means saying sorry if things go wrong, being organised with your time, and writing down accurate information in a way that is respectful and accessible to the people who need to read it and to whom it is about;
5. **Your** approach and response to concerns are always proportionate and inclusive of the views, wishes and feelings of individuals, carers and/or their advocates;

6. **You** always give information and advice that is accessible to the people you work with so that they know what to do, and where to get help if they are concerned about abuse or neglect.

Southampton City Council has a total commitment to person-centred safeguarding. People using safeguarding services will be supported to have a focus on their personal strengths, on resolution with full engagement and control.

Person-centred safeguarding practice is as much about how we think, our culture, as about how we do things, our actions. By ensuring the safeguarding process is adapted to fit the person's particular circumstances, rather than the person having to fit into an inflexible process, being person-led with the person's desired outcomes informing the approach taken, are key principles underpinning person-centred safeguarding.

A good example of a person-centred, outcome focused approach may be the way meetings are held, providing opportunity for family group conferences and safeguarding plan development being a person-centred process including the person's circle of support in order to identify and agree how risk is best managed.

At all times, we should strive to ensure that the process and outcome is the least restrictive, is proportionate and positively supports risk when appropriate, and it is led by the person, for the person. In addition, any actions relevant to this guidance should be consistent with the Care Act 2014 and wider statutory framework.